

# JOB CAPABILITY AND SAFETY ANALYSIS

DATE

PART 1 - SURVEY REQUEST (Completed by Examining Practitioner)

☐ JOB CAPABILITY

☐ SAFETY ANALYSIS

REASON(S) FOR REQUEST

SIGNATURE

## PART 2 - ESSENTIAL TASKS (Completed by Appointing Official)

- List tasks a worker must perform, at a minimum, to be qualified for the position.
- Be specific
- Examples: 1. Operate a drill press  
2. Change brake pads on aircraft on flight line  
3. Drive on flight line

## PART 3 - JOB CAPABILITY SURVEY (Completed by Medical Personnel)

- Is the worker capable, considering the medical conditions above, of performing the task?
- If not, will a reasonable accommodation or restriction make it possible for the worker to perform the task? (Specify)

## PART 4 - JOB safety analysis (Completed by Safety)

- Can the worker perform the task without personal risk or risk to others.
- If NO, list the specific nature of the risk(s).
- EXAMPLE: Can't hear verbal warning near operating aircraft. Personal danger near rotating propellers.

SIGNATURE

SIGNATURE

(Continue on reverse)

(Continue on reverse)

SIGNATURE

(Continue on reverse)

PATIENT IDENTIFICATION

SIGNATURE

PATIENT'S NAME

(Continue on reverse)

WORKPLACE ID

PAS CODE

YEAR OF BIRTH

RELATIONSHIP TO SPONSOR

COMPONENT

SERVICE

SPONSOR'S NAME

GRADE

SSN OR ID NUMBER

ORGANIZATION

